

SENATE PAGE APPLICATION FORM

OFFICE OF SENATOR PETER WELCH

Personal Information

Full Name: _____

DOB: _____

I certify that I am a citizen or permanent resident of the United States
or otherwise legally authorized to be working in the United States.

YES ☐

NO ☐

I certify that I have a social security number.

YES ☐

NO ☐

Permanent Address: _____

Phone Number: _____

Email Address: _____

Parent(s)/Guardian(s) Names: _____

Parent(s)/Guardian(s) Phone: _____

Parent(s)/Guardian(s) Email: _____

* Permission from a parent or legal guardian is required for participation in the Senate Page Program. Parent(s)/guardian(s) will be notified if the applicant is selected for the program.

Please explain your connection to the state of Vermont:

School Information

School Name: _____

Address: _____

School Phone: _____

Current Year In School: _____

Cumulative GPA: _____

Session Preference

I am applying for: SPRING _____ SUMMER I _____ SUMMER II _____ FALL _____

Summer sessions only – I want to be a: COMMUTER _____ RESIDENT _____

Application Materials Checklist:

** required*

Application Form* ()

Statement of Interest* ()

Résumé* ()

Transcript*: ()

1 Letter of Recommendation *or* 2 References* ()

All application materials should be emailed in a single PDF (letter of recommendation may be sent separately). All application materials should be sent to: welchinterns@welch.senate.gov